Waterbury Hospital

WaterburyHEALTH

Approved 7/9/19 SHN

June 27, 2019

Susan H. Newton, RN, BS
Supervising Nurse Consultant
Facility Licensing and Investigations Section
State of CT, Department of Public Health
410 Capital Avenue
Hartford, CT 06134-0308

Dear Ms. Newton:

I am in receipt of your violation letter dated June 26, 2019 identifying the violations of the Regulations of Connecticut State Agencies and/or General Statutes of Connecticut found during the Department of Public Health unannounced visits made to Waterbury Hospital June 13, 2019 for the purpose of conducting a revisit to a federal deficiency statement dated May 10, 2019. Waterbury Hospital makes its best efforts to operate in full compliance with both state and federal laws and regulations. Nothing included in this plan of correction is an admission otherwise. Waterbury Hospital submits this plan of correction to comply with its regulatory obligations and does waive any objects or rights of appeal for any of the allegations contained in the department's letter dated June 26, 2019.

Also, per your email dated June 27, 2019 I acknowledge the office conference scheduled for July 2, 2019 at 1:00PM at the Facility Licensing and Investigations Section of the Department of Public Health has been postponed.

The following are violations of the Regulations of Connecticut State Agencies Section 19-13-D3 (b) Administration (2) and/or (c) Medical Staff (2)(B) and/or (i) General (6).

1. *Based on a review of clinical records, interviews, and policy review, for three (3) of six (6) patients' reviewed for observation status (Patient #1, #6, and #7), the hospital failed to ensure the clinical record reflected a patient assessment by the physician when the level of observation was changed. The findings include the following:

    a. Patient #1 was brought to the ED on 6/11/19 with Suicidal Ideation with a plan. Review of the triage assessment indicated that the patient was identified as a high risk for suicide based on the suicide risk assessment and was placed on one to one observation. Review of the physician's orders dated 6/11/19 at 4:00 AM directed continuous observation. Review of the record failed to reflect a reassessment of the patient by the clinician to support the change in observation level. Interview with MD #1 on 6/13/19 at 10:19 AM indicated that on admission the patient was inebriated and after a few hours was clearer and was no longer verbalizing suicidal statements. Review of the record failed to reflect a documented assessment of the patient.
    b. Patient #6 presented to the ED on 6/8/19 at 8:06 PM after trying to asphyxiate self. Review of the record with the Quality Manager on 6/13/19 at 11:00 AM indicated that the suicide risk assessment identified that the patient denied attempting suicide and was low risk. The patient was placed on one to one observation. The record reflected that the physician's order dated 6/10/19 at 8:45 PM directed continuous observation. Although there was a physician's order for the observation change, the record failed to reflect a reassessment of the patient by the clinician to support the change in observation level.
    c. Patient #7 presented to the ED on 6/9/19 at 8:11 PM with suicidal and homicidal ideation. Review of the record with the Quality Manager on 6/13/19 at 11:10 AM indicated that the suicide risk assessment identified that the patient was a high risk and was placed on one to one observation on 6/9/19 at 8:20 PM and was discontinued on 6/10/19 at 8:09 AM. A physician's order dated 6/10/19 at 8:19 AM directed continuous observation. Review of the record failed to reflect a reassessment of the patient by the clinician to support the change in observation level.

    Review of the Risk Assessment and Management of Patients Requiring Observation indicated that a reevaluation of observation by a provider will occur on an ongoing basis.

Measure to prevent recurrence:

On June 13, 2019 the Medical Director of the Emergency Department sent a memo via email to all Emergency Department providers regarding the need to document clinical decision making when downgrading observation levels. Effective immediately.

On June 18, 2019 the Medical Director of the Emergency Department provided education to Emergency Department providers at a staff meeting regarding the need for documentation reflecting a patient assessment by the physician when the level of observation was changed.

Requirement for documentation reflecting a patient assessment by the provider when the level of observation is changed was verbally communicated by the Senior Vice President and Chief Medical Officer on June 19, 2019 to the Vice President and Chair, Behavioral Health effective immediately.

On June 27, 2019, the Senior Vice President and Chief Medical Officer sent a memo regarding the requirement for documentation reflecting a patient assessment by the provider when the level of observation is changed to the Hospitalists, PAs, APRNs and Section Chiefs for distribution to all providers.

Ensuring ongoing compliance:

To ensure on-going compliance with documentation reflecting a patient assessment by the provider when the level of observation is changed for patients at risk for suicide, beginning 7/1/2019 an assigned staff member will audit 10 random records per month for evidence of assessment documentation. One to one feedback will be provided if a deficiency is identified. Non-compliance will be escalated to the Medical Director of the provider's department. Documentation of compliance will be tracked and reported monthly until 100% compliance is achieved for three consecutive months to the Performance Improvement Safety Committee for monitoring and Oversight. The Performance Improvement Safety Committee reports to the Staff Executive Committee and the Local Advisory Board.

Effective date of corrective action plan: 7/1/2019

Responsibility: Senior Vice President and Chief Medical Officer

Respectfully submitted,

Gina Spatafore, MSN, RN

Waterbury Hospital
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